



NEW APPROACHES TO THE DIFFERENTIAL TREATMENT OF HYPERTENSION CAUSED BY OBESITY IN WOMEN IN THE PERIMENOPAUSAL PERIOD

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ABSTRACT

Object of study are effects of treatment of obesity in main cardiovascular risk characteristics in premenopausal women. In the study 46 women in perimenopausal period with obesity and arterial hypertension (AH) were examined. The accomplished investigation demonstrated that the complex obesity therapy with homeopathic remedy has given successfully results.

KEY WORDS: arterial hypertension, perimenopausal period, obesity, remens, xenical

INTRODUCTION

In menopause transition many women have vasomotor symptoms which may affect their normal daily activities. With the decline of estrogen levels, risk factors for coronary heart disease (CHD) become more obvious, especially hypertension. The onset of hypertension can cause a variety of complaints that are often attributed to the menopause.

Risk factor identification is poorly managed in middle-aged women and should be the first step in the evaluation and treatment of women with perimenopausal symptoms. With the decline of endogenous estrogen production after 40 years of age, in women gradually develop atherosclerotic lesions with fibrous cap formation. Signs of subclinical atherosclerosis can already be found with intima-media thickness measurements in women before menopause, especially when several CHD risk factors are present. After menopause, atherosclerosis becomes more extended

with the involvement of inflammation and the appearance of calcified atheromas in the vessel wall.

The average age of the women included in these trials, however, was 43 to 67 years, with a mean interval of 1,5 to 15 years since menopause when the use of HT is no longer appropriate. Hypertension is a key risk factor in menopause, because the loss of ovarian hormones around menopause has many adverse effects on CHD risk factors. Clinical manifestation of CHD occurs ten years later in women compared with men and the risk increases rapidly after 50 years old. About 40% of women develop hypertension (BP >140/90 mmHg) before the age of 50 and the onset of hypertension can cause a variety of symptoms that are often attributed to menopause. Hypertension often accompanies with other risk factors such as overweight, elevated insulin resistance, diabetes and lipid abnormalities.

Cardiologists and gynaecologists have recently reached consensus on the importance of CV risk factor

assessment as the first step in managing women with perimenopausal symptoms.

THE AIM OF STUDY

Evaluation of the efficiency of lipid-lowering drugs and hormone replacement therapy and correction of hypertension caused by obesity in the premenopausal period.

MATERIAL AND METHODS

46 women were examined in premenopausal period with hypertension caused by obesity I – II degree in age period from 42 to 56 years old.

Object of study were women with BP- more than 140/90 mm Hg, body mass index (BMI) greater than 25, the ratio of the of waist-to-hip circumferences greater than 0.8, i.e. abdominal obesity, combined with dyslipidemia and 20 women with hypertension who are taking anti-hypertensive therapy prescribed by cardiologist. Diagnosis of the first and second degree of obesity was established by body mass index definition, and after endocrinologist consultation for excluding endocrine obesity. These women recognized pressure increase in history, increasing the blood pressure through the 6-8 months after menstrual irregularities. Since menstruation has become irregular (in 2-3 months), developed symptoms of menopause such as hot flashes, heart palpitations, sweating, increased blood pressure, headaches, and insomnia. Women in menopause period with hypertension caused by obesity are included into the core group, who takes Remens 1 tablet per day and Xenical 120 mg per day. The study was conducted in the basis of 9 PCA for 6 months and in outpatient cardiology department clinics TMA-2. Women were observed regularly every week in active and passive type of visit.

Methods: anthropometric and objective - a daily self-monitoring of blood pressure, headaches, seizures, angina. were determined and lipid spectrum: total cholesterol (TC), low (LDL) and high (HDL) density lipids, triglycerides (TG). For a complete picture of obesity in clinical practice, the easiest and most common way - calculating the relationship of waist circumference (WC) to hip circumference (HC)-WC/HC.

RESULTS AND THEIR DISCUSSION

Studies have shown that significant disorders of lipid metabolism in women with hypertension caused by obesity, severity and intensity of which depended on the degree of obesity and body mass index. Significant changes in lipid spectrum deteriorate arterial hypertension and the manifestation of menopausal symptoms. Therapy should be aimed not only to reducing of body weight, but more to the prevention of the development of obesity-related diseases, to the improvement of metabolic parameters, and for the retention of relatively progress and that it is very important to improve quality of life of the patient. The measure of obesity are weight loss, the index WC/HC, improved lipid profile. Treatment with xenical led to a natural decrease in body weight, which was achieved in 78, 8% of patients. After 6 months of taking the drug weight loss was $11,8 \pm 4,1$ kg. The most rapid loss of

body weight was observed in the initial 3 months of therapy. By the end of treatment, 68,7% of patients with reduced body weight by more than 18% of baseline values. Only in 6,2% of cases are not occurred positive effect, it is associated with other extragenital diseases. The treatment of hypertriglyceridemia with xenical led to normalize in all degrees of alimentary obesity. Total cholesterol, HDL cholesterol and LDL cholesterol in patients with 1st and 2nd of obesity during the treatment with Xenical had a tendency to decrease, and at the 2nd b extent these changes were statistically significant in nature. The coefficient of atherogenic decreased by 1.35, 1.47 and 1.33 times, respectively degrees. The therapy can be considered very successful, if the most significant positive changes in the form has decreased in menopause symptoms still as hot flashes, heart palpitations, sweating, increased blood pressure, headaches, and insomnia.

CONCLUSIONS

The results obtained suggest that therapy with combination of Remens and Xenical contributes to a reduction of menopausal disorders in women with hypertension by obesity in the premenopausal period. Homeopathy and allopathy are complementary to each other equal treatment to facilitate individualization of therapeutic approaches with minimal side effects.

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